



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR OFFICIAL OFFICE USE

Student Name: Click or tap here to enter text. School: Click or tap here to enter text.

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by the office of Congressman John Ratcliffe.

I also grant the right to edit, use, and reuse said images for official purposes including use in print, on the internet, and all other forms of media.

Signature of Parent/Guardian: _____ Date: Click or tap to enter a date.
(if Student is under 18)

Address of Parent/Guardian: Click or tap here to enter text.

OR

Signature of Student: _____ Date: Click or tap to enter a date.
(if 18 or over)

Address of Student: Click or tap here to enter text.